## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with

SIGNATURE:

address, with all other like empowered

## Apr 16, 2001 8:00 am § Secretary of State DOCUMENT # N93000000638 04-16-2001 90038 049 \*\*\*\*61.25 SPECIALTY AGENTS OF BROWARD COUNTY, INC. Principal Place of Business Mailing Address 112-NORTH OCEAN BY-112 NORTH OCEAN BY ՍՍՍՀԵՇՍԱ POMPANO REACH EL 33062-POMPANO BEACH PL 33062 3. Mailing Address 2. Principal Place of Business 2700 NW 62 cean Bluc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0375562 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SheerieWilliams Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, SHERRIE -11<del>2 North Ocean B</del>V POMPANO BEACH PL-93062 Zip Code 30mosano 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. ΡĎ 🛍 Delete TITLE DD. Change Addition TITLE Respie Poitevein 2700 NW 62 Street D132 CROWLEY, CHRISTINE NAME NAME STREET ADDRESS STREET ADDRESS 6828 W. ATLANTIC BLVD CITY-ST-ZIP CITY-ST-ZiP Fort Landudale W. 33309 MARGATE FL 33063 VPD **VPD** TITLE 🏗 Delete Proswyss 2700 NW62St D132 NAME MARCUS, CRAIG NAME STREET ADDRESS STREET ADDRESS 2863 W. BROWARD BLVD. CITY-ST-7IP · -75 handudale 71. 33309-FT LAUDERDALE FL-CITY-ST-ZIP Addition TITLE Delete TITLE Change Change sheepie Williams NAME SHERRIE WILLIAMS NAME 3-C 1700 6 Ocean Blud STREET ADDRESS STREET ADDRESS 112 N OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP 33067 Pompano Brach II POMPANO BEACH FL TD Sherrie Williams 3C TITLE ☐ Delete TITLE Change Change ☐ Addition WILLIAMS, SHERRIE 1200 5 OceanBlud STREET ADDRESS STREET ADDRESS 112 NORTH OCEAN BV CITY-ST-ZIP CITY-ST-ZIP Pompano Beach Il. 3*3067* POMPANO BEACH FL 33062 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if